

Washington State
Department of Social and Health Services
Division of Child Support
P. O. Box 9010, Olympia, WA 98504-9010
Phone 1-800-468-7422 Fax (360) 664-5109

EMPLOYER AUTHORIZATION AGREEMENT
FOR ELECTRONIC FUNDS TRANSFER (EFT) OF
CHILD SUPPORT PAYMENTS

Thank you for your interest in the Division of Child Support (DCS) Electronic Funds Transfer (EFT) Program. Payments remitted by EFT will reduce your costs of preparing and mailing checks and help to ensure that child support payments are processed quickly and accurately.

By choosing Automated Clearinghouse (ACH) credit, you will be requesting authorization to transfer funds to DCS's bank account. The ACH credit with addenda will send the payment data through the ACH in the form of an addenda record, following the Child Support Application Banking Convention. Your bank should be able to inform you if this option is available for your business and the costs associated with initiating ACH credit transactions.

By choosing ACH debit, you will be authorizing deductions from your bank account. If your employees and payment amounts do not change frequently, DCS can automatically deduct the payments from your account. If you would like more freedom to change the payments from pay period to pay period, the transaction can be initiated by using a PC modem or a touch-tone phone. DCS pays the fees associated with these debit transactions.

If you have questions, or need further information, please call 1-800-468-7422. Thank you.

Business/Agency Name	Date of first payment (optional)	
Contact Person	Title	Phone
Mailing Address		
EFT OPTIONS:		
<input type="checkbox"/> ACH Credit with Addenda		
<input type="checkbox"/> CCD+ <input type="checkbox"/> CTX		
The Washington State Division of Child Support (DCS) is hereby requested to grant authority for the above named business to initiate ACH CREDIT transactions to the DCS bank account for child support payments. DCS bank account information will be sent to you upon receipt of this form. **Authorization is NOT granted for DEBIT entries to the DCS bank account.		
Signature	Title	Date
<input type="checkbox"/> ACH Debit (Employer Initiated)		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Touch-tone <input type="checkbox"/> PC Modem</div><div>Does Employer Provide Medical Insurance?</div></div>		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> ACH Debit (Repetitive-DCS Initiated)</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>		
Number of Employees [_____]		
Date(s) of Payment [_____] (Dates of the month--must be numeric)		
Attach detailed listing with name, social security number and amount for each employee.		
The Washington State Division of Child Support is hereby authorized to initiate debit entries to the bank account identified below, and the bank is authorized to debit such account. This authority is to remain in effect until mutual agreement between the Employer and DCS.		
Signature	Title	Date
Bank Name	Branch Address	Branch Telephone
ABA Routing Number	Account Number (Please attach a voided check for verification).	